

**PATENT APPLICATION FEE DETERMINATION RECORD**  
Effective January 1, 2003

Application or Docket Number

10648159

**CLAIMS AS FILED - PART I**

	(Column 1)	(Column 2)
TOTAL CLAIMS	24	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	25 minus 20 =	* 5
INDEPENDENT CLAIMS	2 minus 3 =	* 0
MULTIPLE DEPENDENT CLAIM PRESENT <input checked="" type="checkbox"/>		

\* If the difference in column 1 is less than zero, enter "0" in column 2

**CLAIMS AS AMENDED - PART II**

9/15/15

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* 36	Minus ** 25	= 11
Independent	* 2	Minus *** 3	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

SMALL ENTITY TYPE ☐ OR

OTHER THAN SMALL ENTITY

RATE	FEE		RATE	FEE
BASIC FEE	375.00	OR	BASIC FEE	750.00
X\$ 9=		OR	X\$18=	90
X42=		OR	X84=	
+140=		OR	+280=	280
TOTAL		OR	TOTAL	

SMALL ENTITY OR

OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	550.00
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	550.00

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus **	=
Independent	*	Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus **	=
Independent	*	Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

United States Patent and Trademark Office  
- Sales Receipt -

10/06/2005 EHARDY 00000001 501811 10648159

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08/25/03

## UTILITY PATENT APPLICATION TRANSMITTAL

15992 U.S. PTO  
10/648159  
08/25/03

## CERTIFICATION UNDER 37 CFR 1.10

I hereby certify that on **August 25, 2003** this document and all listed attachments are being deposited with the United States Postal Service in an envelope as "Express Mail Post Office to Addressee" mailing Label Number **EU 725 534 756 US** addressed to the Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

GAYLE VINSON

(Type or Print name of person mailing paper)

(Signature of person mailing paper)

Attorney Docket No. 0179.0041

First Inventor: Régis GALLET

Title: **NEW COMPOSITE PRODUCTS AND MOLDED ARTICLES OBTAINED FROM SAID PRODUCTS**

Mail Stop Patent Application

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Transmitted herewith for filing in the above-identified patent application are:

<input checked="" type="checkbox"/> Transmittal/Fee Calculation	<input checked="" type="checkbox"/> Oath and Declaration [Total Pages 2]	<input type="checkbox"/> Copies of IDS References
<input checked="" type="checkbox"/> Application Data Sheet	<input type="checkbox"/> Power of Attorney	<input type="checkbox"/> Sequence Listing
<input checked="" type="checkbox"/> Specification [Total Pages 15]	<input type="checkbox"/> Assignment (incl. Cover Sheet)	<input type="checkbox"/> Computer-Readable Copy
<input checked="" type="checkbox"/> Drawings [Total Sheets 2]	<input type="checkbox"/> Information Disclosure Statement	<input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)
<input checked="" type="checkbox"/> Certified Copy of Priority Document	<input type="checkbox"/>	<input type="checkbox"/>

FEE CALCULATION: The filing fee has been calculated as shown below:

For	Claims Filed	No. Extra	Small Entity Rate	Small Entity Fee	Standard Rate	Standard Fee
Basic Fee				\$375.00		\$750.00
Total Claims	24 - 20 =	4	x \$ 9.00		x \$ 18.00	72.00
Independent Claims	2 - 3 =	0	x \$ 42.00		x \$ 84.00	0.00
<input checked="" type="checkbox"/> Multiple Dependent Claims Presented			+ \$140.00		+ \$280.00	280.00
			Total		Total	1102.00

## METHOD OF PAYMENT

- ☒ The Commissioner is hereby authorized to charge any deficiency in the indicated fees and credit any overpayments to:

Deposit  
Account No.

50-1811

- ☒ Charge any additional fees Required Under 37 CFR 1.16 and 1.17

Deposit  
Account Name

David J. Oldenkamp

- ☐ Applicant claims small entity status 37 CFR 1.27

☒ Payment Enclosed:

- ☒ Check ☐ Credit Card ☐ Money Order ☐ Other

Respectfully submitted,

David J. Oldenkamp, Reg. 29,421  
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Dated: August 25, 2003